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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

ITALY RM2002A000596 11/27/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ITALY	SHEETS DRAWING 6	TOTAL CLAIMS 12 12	INDEPENDENT CLAIMS 12 2
35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verifier and Acknowledged Examiner's Signature <i>Amanda S. Allen A.S.A.</i> Initials <i>AS</i>				

ADDRESS

27316

TITLE

Vascular prosthesis for the treatment of abdominal aortic aneurysms, using a combined laparoscopic/ open and endovascular technique, and delivery system for releasing a prosthesis fitted with anchoring stents

FILING FEE RECEIVED 970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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